U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF						ASE NUMBER		
· · · · · · · · · · · · · · · · · · ·					9-CV-1414			
						PROCESS		
Officer receibon, et ar					Order, Amended Complaint, Notice, Waiver and Consent orms			
	NAME OF INDIVIDUA	L COMPANY, CORPOR	RATION, ETC., TO SI			N OF PROPERTY TO SEL	ZE OR CONDEMN	
SERVE	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE Officer Gilbert							
AT	ADDRESS (Street or RF	D, Apartment No., City, S	State and ZIP Code)					
Milwaukee County Jail, 949 N 9th St, Milwaukee, WI 53233								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be								
					_	served with this Form 285		
	Clarence Albert Saff	010, 111			Number of parties to be			
	543727 Racine Correctional	Institution				served in this case		
	2019 Wisconsin St	ilistitutioli						
	PO Box 900				Check for service			
	Sturtevant, WI 5317	7-0900			on U.S.A.			
SPECIAL INSTRU	UCTIONS OR OTHER INFO		ASSIST IN EXPEDIT	TING SERVICE	(Include	Business and Alternate Addres	ses. All Telephone	
	ated Times Available for Service).		1.00.01 11 2.11 2.21	II (O DEIT (IOE	(2110111111	23000000 4000 11000 1000 11000 00	ses, iii zerepnone	
							T	
Signature of Attorn	ey or other Originator reques	ting service on behalf of:	☑ PI	LAINTIFF	TEL	EPHONE NUMBER	DATE	
Clarence Alber	t Saffold, III		☐ DEFENDANT				10/01/2020	
	SPACE BELOW FOR	USE OF U.S. MA	RSHAL ONLY -	DO NOT W	RITE	BELOW THIS LINI	E	
I acknowledge rece			District to Serve			d USMS Deputy or Clerk	Date	
number of process		District of Origin	District to Serve	Signature of A	umonze	d Osivis Deputy of Clerk	Date	
(Sign only for USM 285 if more								
than one USM 283 is submitted)								
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have executed as shown in "Remarks", the								
process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc.								
shown at the address inserted below.								
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named abov Name and title of individual served (if not shown above)					Date			
Name and title of it	idividual served (ij noi snown	(above)			Date	Time	□ am	
							□ pm	
Address (complete only different than shown above)					Signature of U.S. Marshal or Deputy			
G : F	T INCL. CI	T 1 Cl	I 4 1 - 15		1, 110 M 1 1*			
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Depo	sits	Amount owed to U.S. Marshal* or (Amount of Refund*)		
	(memming endedrors)				(Amount of Return)			

REMARKS

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF				COURT CASE NUMBER				
Clarence Albert Saffold, III				19-CV-1414				
DEFENDANT				TYPE OF PROCESS				
Officer Peterson, et al				Order, Amended Complaint, Notice, Waiver and Consent forms				
NAME OF INDIVIDUAL CO	OMPANY, CORPOR	ATION, ETC., TO SI			N OF PROPERTY TO SEL	ZE OR CONDEMN		
SERVE Officer J Sanchez								
AT ADDRESS (Street or RFD, A	partment No., City, S	tate and ZIP Code)						
Milwaukee County Jail, 949 N 9th St, Milwaukee, WI 53233								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be								
•					served with this Form 285			
Clarence Albert Saffold,	III				N. 1. 6. 4. 1			
543727	· •				Number of parties to be served in this case			
Racine Correctional Insti	itution			- 501	served in this case			
2019 Wisconsin St PO Box 900				CI				
Sturtevant, WI 53177-09	000				Check for service on U.S.A.			
<u>'</u>		A CCICT IN EVDEDI	EDIC CEDIUC			411 T 1 1		
SPECIAL INSTRUCTIONS OR OTHER INFORMA Numbers, and Estimated Times Available for Service):	TION THAT WILL	ASSIST IN EXPEDIT	I ING SERVICI	E (Include	Business and Alternate Addres	ses, All Telephone		
,								
Signature of Attorney or other Originator requesting	service on behalf of:	√ PI	AINTIFF	TEL	EPHONE NUMBER	DATE		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~								
Clarence Albert Saffold, III		LI DI	EFENDANT					
SPACE BELOW FOR US	SE OF U.S. MAI	RSHAL ONLY -	DO NOT V	WRITE	BELOW THIS LINI	E		
I acknowledge receipt for the total Total Process	District of Origin	District to Serve	Signature of	Authorize	d USMS Deputy or Clerk	Date		
number of process indicated.					1 •			
(Sign only for USM 285 is more	No							
than one USM 285 is submitted) No. No. No. No. No. have legal evidence of service, □ have executed as shown in "Remarks", the								
process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.								
	locate the individual	company corporation	etc named ah	ove (See	romarks holow)			
Name and title of individual served (ij noi snown abo	ve)			Date	Time	□ am		
						□ pm		
Address (complete only different than shown above)					Signature of U.S. Marshal or Deputy			
		Total Charges	T		T			
Service Fee Total Mileage Charges (including endeavors)	Total Mileage Charges Forwarding Fee		Advance Dep	Deposits Amount owed to U.S. (Amount of Refund*)		rshal* or		
(including endedvors)					(Amount of Keruna.)			

REMARKS

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF						ASE NUMBER		
,					9-CV-1414			
					YPE OF PROCESS			
Officer reterbon, et ar					Order, Amended Complaint, Notice, Waiver and Consent			
	NAME OF INDIVIDUA	L COMPANY, CORPOR	RATION, ETC., TO SI			N OF PROPERTY TO SEL	ZE OR CONDEMN	
SERVE	Dr. Khan							
AT								
Milwaukee County Jail, 949 N 9th St, Milwaukee, WI 53233								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be								
	Cl	11 777			_	served with this Form 285		
	Clarence Albert Saff	old, III			Number of parties to be			
	543727 Racine Correctional	Institution				served in this case		
	2019 Wisconsin St	ilistitutioli						
	PO Box 900				Check for service on U.S.A.			
	Sturtevant, WI 5317	7-0900						
SPECIAL INSTRU	UCTIONS OR OTHER INFO		ASSIST IN EXPEDIT	TING SERVICE	(Include	Business and Alternate Addres	ses. All Telephone	
	ted Times Available for Service).				(=			
G: 0.4	1 011				-	EDITORE LAND CHED	D. 1 mp	
Signature of Attorn	ey or other Originator reques	ting service on behalf of:	☑ PI	AINTIFF	TEL	EPHONE NUMBER	DATE	
Clarence Alber	t Saffold, III	DEFENDANT				10/01/2020		
	SPACE BELOW FOR	USE OF U.S. MA	RSHAL ONLY -	DO NOT W	RITE	BELOW THIS LINI	Ξ	
			District to Serve			d USMS Deputy or Clerk	Date	
I acknowledge receipt for the total number of process indicated. Total Process District of Origin District t				Signature of At	inglature of Addiorized Osivis Deputy of Cicik Date			
(Sign only for USM 285 if more								
than one Usin 200 is submitted)								
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have executed as shown in "Remarks", the								
process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.								
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)								
Name and title of individual served (if not shown above)					Date		□ am	
Traine and thre of h	iai (ig not snow)	. 400,00			Duite		_	
Address (complete only different than shown about					Sign	atura of U.S. Marshal or Do	D pm	
Address (complete only different than shown above)					Signature of U.S. Marshal or Deputy			
Service Fee	Total Mileage Charges Forwarding Fee		Total Charges	Advance Depo	sits	Amount owed to U.S. Ma	ount owed to U.S. Marshal* or	
_ 31.100 1 00	(including endeavors)	- 31 and and 1 00	15th Charges	Галанее Вероп		(Amount of Refund*)		
	i	l		I				

REMARKS